Under the Papenvork R	eduction Act of 199	95, no persons ar	e required to resp	OTTO TO B CORECTION I	no Tracemark of information	od for use Office; U. unless it d	through 7/31/200 S. DEPARTMEN Splays a valid Of	PTO/SB/06 (08-0 06. OMB 0651-00 T OF COMMER OMB control numb
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number	
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY							OTHER THAN OR SMALL ENTITY	
FOR NUMBER FILED			NUMBER EXTRA				SinA	LL ENTITY
BASIC FEE (37 CFR 1.18(a))		•		1 - MIE	FEE	OF	RATE	, 860
TOTAL CLAIMS (37 CFR 1.16(c))	21 minu	os 20 = ·	1	X 1		OF	78	3.540
INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 =		ıs 3 = ·		x 5=		OR		10
MULTIPLE DEPENDENT CL	+ 5 =		OR	+, =	1			
" If the difference in column 1 is less than zero, enter "0" in column 2.				TOTAL		OR	TOTAL	878
CLAIM	S AS AMENDE	ED - PART II						
CLAME		(Calumn :	, , , , , , , , , , , , , , , , , , , ,	SMALL	ENTITY	· OR		R THAN L ENTITY
REI N AME	MAINING AFTER NDMENT	NUMBER PREVIOUSL PAID FOR	PRESENT Y EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
Total (37 GR 1.16(c)) Z Independent		21	=	x s=		OR	X \$_ =	FEE
(37 C/R.J.16(3))	Minus			x \$=		OR	x s =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(0))				+ 5		OR	+ 5=	
2/1/6 (Colu	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE				
CL	AIMS	(Column 2) HIGHEST NUMBER	(Cólumn 3)				r :	
AF	TER DMENT	PREVIOUSLY PAID FOR		RATE	ADDI- TIONAL FEE		RATE .	ADDI- TIONAL FEE
Independent	Minus	21		× 5		or	·X1	7.20
(37 CFR 1.16(b))	Minus	3		x s=		OR	x \$=	
PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						OR	+ \$=	
				ADD'L FEE		or	TOTAL ADD'L FEE	
(Colum		(Column 2)	(Column 3)				•	
CLAI REMAI AFTE AMENDI	NING R	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL . FEE		RATE	ADDI- TIONAL
1 ofal (37 CFR 1.16(c))	Alinus :		=	x s		OR	x s =	FEE
Independent DI CFR (.16(b))	Minus		3	x s =			x 1 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$=		[+ \$=	
If the entry in column 1 is to If the "Highest Number Pre If the "Highest Number Pres	TOTAL ADD'L FEE		OR ,	OTAL ADD'L FEE				
If the "Highest Number Pres The "Highest Number Previ lection of Information is re	ously Paid For (To	tal or Independen	less than 3, enter	*3*.	appropriate bi	ox in colu	mn 1.	

This USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 127 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. Including gathering, preparing, and submilling the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.